# ANNUAL REPORT Regional Water Quality Control Board Santa Ana Region

#### (Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014
Report Due Date: January 15, 2015

FACILITY INFORMATION (Please make any corrections directly on this form)

CAFO Operator's Na	ime Amos DeGroot	
CAFO Facility Name	SD Farms II	
Facility Address		
Mailing Address	Ex. 6 Personal Privacy (PP)	
Telephone Number		
ANIMAL POPULATI	ON (Please provide the number of animals in e	ach category)
ATTIMACT OF OCATT	Off (Ficase provide the number of animals in e	aon oategery)
	Dry Cows <u>&amp;</u> Heifers	Calves <u>Ø</u>
MANURE INFORMA	TION Units Used: Tons /	Cubic Yards
1	10864 Manure Spread on Crop	
Manure Spread on O	other Cropland 5448 Manu	re to Compost 4552
Manure Stockoiled o	n Site as of 12/31/14Ø	Facility -
	y (Also provide Manure Tracking Manifests, For	m 4)
Was Manure Amoun	t Calculated Using the Following Factors?	Yes No <u>/</u>
1 Milking cow produces ar	pproximately 4.1 tons of manure per year	
1 Dry cow produces appro	eximately 4.1 tons of manure per year	
1 Heifer produces approxi	mately 1.5 tons of manure per year	
1 Calf produces approxima	ately 0.6 tons of manure per year	
*1 ton of corral manure eq	uals 2.32 cubic yards and 1 cubic yard of corral manure eq	uals 0.43 tons

	NAGEMENT PLA	N (NMP) AND NUT	RIENT ANALYSIS	
NMP is Certified	d Yes	No	·····	
las the most c	urrent nutrient anal	lysis been provided	to the recipient of the m	nanure?
Yes / No	0			
CROP GROWI	NG ACTIVITY			
		manure has been ap	oplied (Cropland is cont	iguous to the dairy,
		*	•	Two 🗴 Three
Type of crops g		no. or plantings	501 y 501.	
	Alfalfa	2	Winter wheat	•
		***************************************		Turf Grass
Dailey	berriuda grass_	corn_	Oats	Tun Grass
Actual crop yiel	lds 15 t	ons acre		
Actual crop yiel	lds15_f	ons acre	udda <sub>rus</sub> ugu, uga maranda	
Manure annlica	ition rates17			
manaro appinoc	***************************************			
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			arge field	
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Amount of man	ure spread on eac	h field <u>CN</u> 2 [		Three
Amount of man	ure spread on eac	h field <u>CN</u> 2 [		Three
Amount of man	ure spread on eac	h field <u>CN</u> 2 [		Three
Amount of man	ure spread on eac	h field <u>CN</u> 2 [		Three
Amount of man	iure spread on eac	h field <u>CN</u> 2 [		Three
Amount of man	ure spread on eac	h field <u>CN2</u> es only): C	OneTwo	
Amount of man Number of Milk COMMENTS:  CERTIFICA  certify under paccordance with	TION:  renalty of law that the a system designed to	h field <u>CD2</u> es only): Co  his document and all to assure that qualifie	attachments were prepared personnel properly gath	ared under my direction or er and evaluate the informa
Number of Milk COMMENTS:  CERTIFICA  certify under paccordance with Based on my inquinformation, the information, the in-	TION:  Ti	h field <u>CDP</u> es only): C  his document and all to assure that qualifier persons who managed is, to the best of my	attachments were preparate of the system, or those per knowledge and belief, true	ared under my direction or er and evaluate the informa rsons directly responsible for e, accurate, and complete.
Amount of man Number of Milk COMMENTS:  CERTIFICA  certify under paccordance with Based on my inquinformation, the intereare signification.	TION:  Ti	h field <u>CDP</u> es only): C  his document and all to assure that qualifier persons who managed is, to the best of my	attachments were preparate of the system, or those per knowledge and belief, true	ared under my direction or er and evaluate the informa rsons directly responsible fo
Amount of man Number of Milk COMMENTS:  CERTIFICA I certify under paccordance with Based on my inquinformation, the intere are significations.	TION:  Ti	his document and all to assure that qualifier persons who managed is, to the best of my bmitting false informations.	attachments were preparate of the system, or those per knowledge and belief, true	ared under my direction or her and evaluate the informa rsons directly responsible for a, accurate, and complete, willity of fine and imprisonme
Amount of man Number of Milk COMMENTS:  CERTIFICA I certify under paccordance with Based on my inquinformation, the intere are significations.	TION:  wenalty of law that the a system designed to the person or information submitted cant penalties for submitted that the penalties for submitted the penalties for submitted that the penalties for submitted the penalties for sub	his document and all to assure that qualifier persons who managed is, to the best of my bmitting false informations.	attachments were prepared personnel properly gather the system, or those per knowledge and belief, true tion, including the possible.	ared under my direction or her and evaluate the informa rsons directly responsible for a, accurate, and complete, willity of fine and imprisonme

# Form 1. CAFO Weekly Storm Water Management Structure Inspections Log Sheet (Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014

Facility Information (Please make corrections directly on this form)					
Operator's Name:	Amos DeGroot				
Facility Name:	SD Farms II				
Facility Address:	Ex. 6 Personal Privacy (PP)				

Instructions: Use this form to keep track of weekly visual inspections of your process wastewater and storm water containment structures. Document the findings of daily storm event inspections. List the structure items that need to be inspected below (refer to your Engineered Waste Management Plan).

Waste Water Lagoons	
LAGOON BURMS For Errosian	
Lyon Brins For Excessive Vaits	
PiPelines & Culverts	
La Washewater laguew level	

Keep track of your inspections in the following table by completing one row each week when you inspect your process wastewater and storm water containment structures. Provide the following information: date of inspection initials of the person performing the inspection check "OK" box if no problems were found, use the "Notes" column to describe problems, if you find any, and how they were fixed, record the estimate of the wastewater containment pond(s) freeboard, fill in the "Date Corrected" column with the date when you correct the problem.

# CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Facility Name:	SD Farms II – Facility ID#158021		NPDES Permit No.:	8-365965001
structure(s) (inc	se this form to keep track of weekly visual cluding storm water and runoff diversion of a wastewater storage or containment struc	devices, and	l devices used to cham	nel contaminated
LAGOON BUY	was Checked for Epiceken	***************************************		
to layour le	Nol Measured on Stick			
Whose water	Chambelle Chescal for Obstructions			

Keep track of your inspections in the following table by filling out one row each week when you inspect your storm water management structures. Provide the following information:

- \$ the date of the inspection
- \$ the initials of the inspector
- \$ check the "OK" box if no problems were found
- \$ use the "Notes" column to describe problems, if you find any, and how they might be fixed
- \$ fill in the "date corrected" column with the date when you correct the problem

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible	solutions.) Waste Pond F/B	Date Corrected
				Stick Reading Front	4.0	
Week 1	1/06/14	ANÜ		Back Left Overflow Protection	0%	Manufacture of the second of t
		131		Back Right Overflow Protection	0%	
				Stick Reading Front	2.0	
Week 2	1/13/14	1/-	./	Back Left Overflow Protection	0%	
1 10	16	\ \ \	Back Right Overflow Protection	0%		
arkadau ar ar waxaa ka ku a ku a ku a ku a ku a ku a ku	<u> </u>			Stick Reading Front	2.0	
Week 3	1/20/14	MA	1 /	Back Left Overflow Protection	0%	
		//		Back Right Overflow Protection	0%	
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Week 4	1/27/14	1 000		Back Left Overflow Protection	0%	
	Mah	V	Back Right Overflow Protection	0%		
and the state of t				Stick Reading Front	2.5	
Week 5	2/03/14	law		Back Left Overflow Protection	0%	
		1 1 . 1		Back Right Overflow Protection	0%	

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible	solutions.) Waste Pond F/B	Date Corrected
				Stick Reading Front	2.5	
Week 6	2/10/14	W	,	Back Left Overflow Protection	0%	
		" \	√	Back Right Overflow Protection	0%	
				Stick Reading Front	4.0	
Week 7	2/17/14			Back Left Overflow Protection	0%	
		MA	. 🗸	Back Right Overflow Protection	0%	
				Stick Reading Front	3.0	
Week 8	2/24/14			Back Left Overflow Protection	0%	
TT CCR O		/Ne/	✓	Back Right Overflow Protection	0%	
			·			
Week 9	3/03/14		,	Stick Reading Front	4.5	
Week 9	3.03/14	, de	•	Back Left Overflow Protection	0%	
Annual Control of the				Back Right Overflow Protection	0%	
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PATENT TO THE REAL PROPERTY OF THE PATENTING CONTRACTOR OF		1		Back Right Overflow Protection	0%	***************************************
				Stick Reading Front	4.0	
Week 11	3/17/14	Mex 1	<b>√</b>	Back Left Overflow Protection	0%	
		V		Back Right Overflow Protection	0%	
			,	Stick Reading Front	4.0	
Week 12	3/24/14	Wh	√ I	Back Left Overflow Protection	0%	
		4	*	Back Right Overflow Protection	0%	
			/	Stick Reading Front	3.5	
Week 13	3/31/14	nei	$\sqrt{}$	Back Left Overflow Protection	0%	
			· ·	Back Right Overflow Protection	0%	
			1	Stick Reading Front	3.5	
Week 14	4/07/14	nes	√	Back Left Overflow Protection	0%	
		,		Back Right Overflow Protection	0%	
		_		Stick Reading Front	3.0	
Week 15	4/14/14	NG	√ l	Back Left Overflow Protection	0%	
		1-0	*	Back Right Overflow Protection	0%	
			,	Stick Reading Front	2.5	
Week 16	4/21/14	nil	J	Back Left Overflow Protection	0%	
			and the state of t	Back Right Overflow Protection	0%	

<b>NPDES</b>	Permit	No.:	

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible	solutions.) Waste Pond F/B	Date Corrected
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Week 17	4/28/14			Back Left Overflow Protection	0%	
		M	<b>√</b>	Back Right Overflow Protection	0%	
				Stick Reading Front	3.0	
Week 18	5/05/14	M		Back Left Overflow Protection	0%	
		1001		Back Right Overflow Protection	0%	
	<u> </u>		<b></b>	Stick Reading Front	4.0	
Week 19	5/12/14	N6		Back Left Overflow Protection	0%	
		·	<b>√</b>	Back Right Overflow Protection	0%	
	***************************************			Stick Reading Front	1.0	
Week 20	5/19/14	20.50	,	Back Left Overflow Protection	0%	
		M	/	Back Right Overflow Protection	0%	
				Stick Reading Front	3.0	***************************************
Week 21	5/26/14	MAN	4	Back Left Overflow Protection	0%	
		1401		Back Right Overflow Protection	0%	
***************************************				Stick Reading Front	3.0	
Week 22	6/02/14	N/Cor	6	Back Left Overflow Protection	0%	
	4	140		Back Right Overflow Protection	0%	
				Stick Reading Front	2.0	
Week 23	6/09/14	0.40		Back Left Overflow Protection	0%	
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Week 24	6/16/14	1001		Back Left Overflow Protection	0%	
		1 vy	The state of the s	Back Right Overflow Protection	0%	
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Week 25	6/23/14	ner	/	Back Left Overflow Protection	0%	
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			/	Stick Reading Front	3.0	
Week 26	6/30/14	Ner		Back Left Overflow Protection	0%	
		\		Back Right Overflow Protection	0%	
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Week 27	7/07/14	W	<b> </b>	Back Left Overflow Protection	0%	
		'W		Back Right Overflow Protection	0%	

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible	solutions.)	Waste Pond F/B	Date Corrected					
				Stick Reading Front	3.0		nestiveter nementalistic entre e					
Week 28	7/14/14	M		Back Left Overflow Protection	0%							
		ng	Į V	Back Right Overflow Protection	0%							
				Stick Reading Front	4.0	***************************************						
Week 29	7/21/14		V	Back Left Overflow Protection	0%							
				Back Right Overflow Protection	0%							
***************************************		· · · · · · · · · · · · · · · · · · ·		Stick Reading Front	3.0	Terrock a sound both confidence of the second sound so	<del>ningiliani yanginini kalanini kalanini kalanin</del> kalanini kalanini kalanini kalanini kalanini kalanini kalanini ka					
Week 30	7/28/14	41	€.	Back Left Overflow Protection	0%							
		Neg	•	Back Right Overflow Protection	0%							
				Stick Reading Front	3.5		MbH. 1949 - M. W. 1947 - M. W. 1947 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 1948 - 19					
Week 31	8/04/14	1/4	J	Back Left Overflow Protection	0%							
		NG	V	Back Right Overflow Protection	0%							
				Stick Reading Front	2.0	***************************************	ning a state of the state of th					
Week 32	8/11/14	0.0+	$\int$	Back Left Overflow Protection	0%							
	ney ney	ney	V	Back Right Overflow Protection	0%							
				Stick Reading Front	1.5							
Week 33	8/18/14	10 A	/	Back Left Overflow Protection	0%							
		My		Back Right Overflow Protection	0%							
	Per-dura and red distributed by a distributed by the above	Auto-transferret gang kepinghing idapina pamahanan mengan-	den er var er var de kalade men frej de verd tressel konstruer verder versser hyteritorische behande bei er ve	Stick Reading Front	2.0							
Week 34	8/25/14	NB	NB	NB	NB	NB	' NB	1	Back Left Overflow Protection	0%		
	1							INC	V	Back Right Overflow Protection	0%	
				Stick Reading Front	4.0		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					
Week 35	9/01/14	$\sim$	1	Back Left Overflow Protection	0%							
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MANAGEMENT PRODUCTION OF THE PROPERTY OF THE P		***************************************	i	Stick Reading Front	3.0		***************************************					
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		100		Back Right Overflow Protection	0%							
				Stick Reading Front	4.0							
Week 38	9/22/14	Mr	<b>√</b>	Back Left Overflow Protection	0%							
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<b>NPDES</b>	Domit	No.		
MEDES	remm	INU	<u> </u>	

	Date	Initials	OK (T if no problems) found)	Notes (Note any problems found and possible	solutions.) Waste Pond F/B	Date Corrected
				Stick Reading Front	3.4	atabakish Varanananan ana mainta da kisin ara sana
Week 39	9/29/14	. 5 7		Back Left Overflow Protection	0%	
		Nily		Back Right Overflow Protection	0%	
	· · · · · · · · · · · · · · · · · · ·	······································		Stick Reading Front	4.0	
Week 40	10/06/14	0 .		Back Left Overflow Protection	0%	
		ney	<b>/</b>	Back Right Overflow Protection	0%	
**************************************				Stick Reading Front	3.5	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Week 41	10/13/14			Back Left Overflow Protection	0%	
		My	<b>V</b>	Back Right Overflow Protection	0%	
AND THE PROPERTY OF THE PROPER		Ī		Stick Reading Front	4.0	
Week 42	10/20/14	NG		Back Left Overflow Protection	0%	
		INC	<b>V</b>	Back Right Overflow Protection	0%	
		***************************************		Stick Reading Front	3.5	
Week 43	10/27/14	ner		Back Left Overflow Protection	0%	
	,	11-1	1	Back Right Overflow Protection	0%	
		·		Stick Reading Front	3.0	
Week 44	11/03/14	ner		Back Left Overflow Protection	0%	,
			<b>/</b>	Back Right Overflow Protection	0%	
<u> </u>				Stick Reading Front	3.0	
Week 45	11/10/14	·wy.		Back Left Overflow Protection	0%	
		, , ,	√	Back Right Overflow Protection	0%	
				Stick Reading Front	2.5	
Week 46	11/17/14	20		Back Left Overflow Protection	0%	
		}		Back Right Overflow Protection	0%	
		_		Stick Reading Front	3.0	
Week 47	11/24/14	M	/	Back Left Overflow Protection	0%	
		* 1		Back Right Overflow Protection	0%	
and the second s		16		Stick Reading Front	3.0	niidhidean ha ha ann ann ann ann ann ann ann ann
Week 48	12/01/14	NE		Back Left Overflow Protection	0%	
		110		Back Right Overflow Protection	0%	
				Stick Reading Front	4.5	
Week 49	12/08/14	MX	1	Back Left Overflow Protection	0%	
		MOV		Back Right Overflow Protection	0%	

<b>NPDE</b>	S	<b>Permit</b>	No.:		

	Date	Initials	OK (T if no problems found)	Notes (Note any problems found and possible	solutions.) Waste Pond F/B	Date Corrected
				Stick Reading Front	5.0	
Week 50	12/15/14	asi	v '	Back Left Overflow Protection	0%	
				Back Right Overflow Protection	20.0%	
	***************************************		/	Stick Reading Front	5.0	
Week 51	12/22/14	MI	٧	Back Left Overflow Protection	0%	
		/ ' ' \		Back Right Overflow Protection	10%	
		-2		Stick Reading Front	5.0	
Week 52	12/29/14	16	V	Back Left Overflow Protection	0%	
		100		Back Right Overflow Protection	10%	

#### Attachment 3. Annual Report of Animal Waste Discharge

Santa Ana Regional Water Quality Control Board 3737 Main Street, Suite 500 Riverside, CA 92501-3348 (951) 782-4130

Sept 1,2014

Reporting Period: January 1, 2014 to December 31, 2014

Report Due Date: January 15, 2 2015

Facility Information	Facility Information (Please make corrections directly on this form.)						
Operator's Name	Operator's Name EGbert J. (Amos) DeGroot						
Facility Name	SD Farms IL-Z						
Facility Address							
Mailing Address	Ex. 6 Personal Privacy (PP)	-					
Telephone Number		tronsmino.					

Does the information provided apply only to the facility address indicated above? Yes No If No, please provide the name and address of the other facilities in the Comments section of this report.

Note: Submit a separate report for each of your facilities including dry cow, heifer, and calf ranches.

Animal Population	Manure Information
No. Milking Cows  No. Dry Cows  134  No. Heifers  144  No. Calves  Others	Units used below:

Were the production factors provided below used to estimate your manure information? Yes \( \subseteq \) No \( \subseteq \)

- 1 Milking cow produces approximately 4.1 tons per year of manure.
- 1 Heifer produces approximately 1.5 tons per year of manure.
- 1 ton of corral manure equals 2.32 cubic yards.

- 1 Dry cow produces approximately 4.1 tons per year of manure.
- 1 Call produces approximately 0.6 tons per year of manure.
- 1 cubic yard of corral manure equals 0.43 tons.

Crop Growing Activity			
Write in the number of acres whe acreage is the number of acres, of harvested.	re manure has been applied contiguous to the dairy, wher	to cropland at your facility. Ce manure was applied and a	cropland
No. of cropland acres:	800/03/4/distribution		
No. of plantings per year	: one	two three	
Type of crop grown:			
☐ Sudan grass	☐ Alfalfa	☐ Winter wheat	
☐ Barley	☐ Bermuda grass	☐ Corn	
☐ Oats	Rye Grass	☐ Vegetables	
·	Other:		
Number of Milkings per day (Dair	ries anly): one [	two three	
Comments:			
- No Masure Bar	round FRom loca	tion. Offglichs	Beson
Sept 1 2014.			
Certification			
I certify under penalty of law that supervision in accordance with a evaluate the information submitted or those persons directly responsi- my knowledge and belief, true, a submitting false information, inclu-	system designed to assure d. Based on my inquiry of the ible for gathering the informatic ccurate, and complete. I and ding the possibility of fine and	that qualified personnel pro- be person or persons who ma- tion, the information submitten a aware that there are signified imprisonment for knowing v	operly gather and inage the system, d is, to the best of cant penalties for
Name of person making this report	rt (please print): <u>(Math</u> Signature:	n ( resoft	
	Date:	12-29-14	
	Title: Agric	alture ORS Marie	1201

## Form 1. CAFO Weekly Storm Water Management Structure Inspections Log Sheet (Order No. R8-2013-0001, NPDES No. CAG018001)

January 1, 2014 through December 31, 2014

Reporting Period:

Facility Information (Please make corrections directly on this form)						
Operator's Name:	Amos DeGroot					
Facility Name:	SD Farms II					
Facility Address:	Ex. 6 Personal Privacy (PP)					

Instructions: Use this form to keep track of weekly visual inspections of your process wastewater and storm water containment structures. Document the findings of daily storm event inspections. List the structure items that need to be inspected below (refer to your Engineered Waste Management Plan).

Lagoen	
LAGOON BURNS FOR ENDSIDA	

Keep track of your inspections in the following table by completing one row each week when you inspect your process wastewater and storm water containment structures. Provide the following information: date of inspection, initials of the person performing the inspection, check "OK" box if no problems were found, use the "Notes" column to describe problems, if you find any, and how they were fixed, record the estimate of the wastewater containment pond(s) freeboard, fill in the "Date Corrected" column with the date when you correct the problem.

#### CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period:	9-1-14	—»	12-31-14	
Facility Name:	SD Farm	s 7	·- 2	

Week	Data	im isi n šn	OK	Notes	Waste Pond	Date
VV EEN	Date	Initials	OK	(Note any problems found and how problems were remedied)	Freeboard	Corrected
1	9/1/14	p	/			*** **********************************
2	9/8/14	f	~			THE PROPERTY OF THE PROPERTY O
3	9/14/4	<b>A</b>	~			
4	9/22/14	Je	<u> </u>		,	
5	9/29/14	Je	~			y 43
6	k 6/14	Ge	~			
7	ાવાકીમ	y	~			
8	wlrofiy	Ge			-	

#### CAFO Weekly Storm Water Management Structure Inspections Log Sheet

Reporting Period:	
Facility Name:	

Week	Date	Initials	ок	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard	Date Corrected
9	10/27/14	A.	/			
10	11/3/14	Je	<b>✓</b>			¥
11	u .નામ	Je	/			
12	4/11/14	J	/			4.
13	ા  ટન/મ્મ	Je	/			
14	12/1/14	fr	1			,
15	12/8/14	· Ac	/			
16	12/14/14	Jc		By Storm EVENT - WASTE WALM PLAN (C) 20 %		
17	4/22/14	B		Waste WATER Pord @ 10%	-	

### CAFO Weekly Storm Water Management Structure Inspections Log Sheet

керо	ning Per	10a				
Facili	ty Name					volum Needlassa Salamana Salama
Week	Date	Initials	ок	Notes (Note any problems found and how problems were remedied)	Waste Pond Freeboard	Date Corrected
	18/20/14			Wastewater Pend @ 10%	5	
19	J					
20						
21						
22						
23						
24		-				
25	• .					
26						

Form 4.	
	Manure Tracking Manifest
Regio	Santa Ana Region
	-2013-0001, NPDES No. CAG018001
INSTRUCTIONS:	destination. A hauling event may last for several days, as long as the manure is being
hauled to the same destination.	r destination. A hability event may last for several days, as long as the manufe is being
2. If there are multiple destinations, complete a separate form	for each destination.
The CAFO operator must obtain the signature of the hauler     The CAFO operator shall submit manure tracking manifest	TUPON completion of each manure hauling event.  (s) with the Annual Report to Regional Board.
OPERATOR'S INFORMATION	3) Will the Alithan Report to Registral Board.
CAFO Operator's Name Amos DeGroot	
CAFO Facility Name SD Furms II	
Facility Address	
Mailing Address C Ex. 6 F	Personal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
	Yes No
Manure analyzed for nutrients	Yes No No
Most current nutrient analysis of manure provided to the recipie	ent of the manure <sup>1</sup> Yes \( \sum_{\text{No}} \)
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	
	Ex. 6 Personal Privacy (PP)
Contact Person Name:	
MANURE DESTINATION INFORMATION	
Hauled to (please check):	Dates Hauled: 4-24-14 — 4-29-14
Composting Facility	
Regional Treatment Facility	Destination of Haul: Cleveland Farms
Croplands in Riverside County	Latitude:
	GPS Coordinates of Destination <sup>2</sup> Ex. 6 Personal Privacy (PP) Longitude
Croplands in San Bernardino County	
Croplands in other Counties	Destination Receiver of Manure: 59me
	1877 Tons
Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Manure Quantity Delivered: 1,000
appropriate units)	
1053	Approximate Acreage (If Destination is Cropland)
1013 tons	
1073	Crop(s) Grown on Cropland
CERTIFICATION:	·
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system	
designed to assure that qualified personnel properly gather an	id evaluate the information submitted. Based on my inquiry of the person or persons [
who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge	
and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false Information, including the possibility of fine and imprisonment for knowing violations.	
CVM T	
Operator's Signature: Date: 5-1-14	
Hower's Signature Ducke Prairie Date 5-1-14	
Hauler's Signature:	Out - Landson -
•	
	1

The Regional Board may ask for a copy of manure nutrient analysis.

GPS coordinates shall be provided for all destinations within the Santa Aria Region.

Attachment B - Monitoring and Reporting Program

B-16

Form 4. Manure Tracking Manifest Regional Water Quality Control Board Santa Ana Region	
Order No. R8-2013-0001, NPDES No. CAG018001	
INSTRUCTIONS:  1. Complete one manifest for each hauling event and for each hauled to the same destination.  2. If there are multiple destinations, complete a separate form 3. The CAFO operator must obtain the signature of the hauler 4. The CAFO operator shall submit manure tracking manifest(	upon completion of each manure hauling event
OPERATOR'S INFORMATION	O THE LOCALITY OF THE PROPERTY
CAFO Operator's Name Amos De Groo	
CAFO Facility Name SD Farms TI	
Facility Address	
Mailing Address Ex. 6 Pe	ersonal Privacy (PP)
Telephane Number	
MANURE INFORMATION	
Manure analyzed for nutrients	Yes No 🗌
Most current nutrient analysis of manure provided to the recipie	ent of the manure <sup>1</sup> Yes  No
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	
Contact Person Name: MANURE DESTINATION INFORMATION	Ex. 6 Personal Privacy (PP)
Hautof to (place chart)	Oates Hauled: 11 9 H - 1 H - 4 - 3/ - 1 H
Hauled to (please check):	7-5177
Composting Facility	Destination of Haul: tevelde Farms
Regional Treatment Facility	Destination of Haul: 1 eVelue Furms
Croplands in Riverside County	Latitude:
Croplands in San Bernardino County	GPS Coordinates of Destination <sup>2</sup> Longitude Ex. 6 Personal Privacy (PP)
Croplands in other Counties	Destination Receiver of Manure: Same
Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Manure Quantity Delivered: 78 00 +0 n 5
appropriate units)	Approximate Acreage (If Destination is Cropland)
730 tons	Crop(s) Grown on Cropland
CERTIFICATION:	
to a matter consider and the control that the supercommunity and all additions	
designed to assure that qualified personnel properly gather an who manage the system, or those persons directly responsible	ments were prepared under my direction or supervision in accordance with a system d evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge are significant penalties for submitting false information, including the possibility of fine
Operator's Signature	Date: 5-7-14
Hauter's Signature: Diege frame	Date 5-1-14

The Regional Board may ask for a copy of manure nutrient analysis.

GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Form 4.	
	Manure Tracking Manifest
Regio	onal Water Quality Control Board Santa Ana Region
Order No. Ri	8-2013-0001, NPDES No. CAG018001
INSTRUCTIONS:	
hauled to the same destination.	th destination. A hauling event may last for several days, as long as the manure is being
2 If there are multiple destinations, complete a separate for	
The CAFO operator must obtain the signature of the haule     The CAFO operator shall submit manure tracking manifes	rr upon completion of each manute hauling event. If s) with the Annual Report to Regional Board.
OPERATOR'S INFORMATION	13) Will the Annual Report to Regional Board.
CAFO Operator's Name SD Farms II	Amos DeGrant
	Illies Negriti
CAFO Facility Name 51) Hirm 1	
Facility Address	
Mailing Address Ex. 6 Pe	ersonal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
Manure analyzed for nutrients	Yes No .
Most current nutrient analysis of manure provided to the recip	ient of the manure Yes No
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	
	Ex. 6 Personal Privacy (PP)
Contact Person Name:	
MANURE DESTINATION INFORMATION	Today United
Hauled to (please check):	Dates Hauled: 4-28-/4
Composting Facility	
Regional Treatment Facility	Destination of Haul: Cleve   and Farms
	Latitude: Ex. 6 Personal Privacy (PP)
Croplands in Riverside County	LX. O FEISUIGI FIIVACY (FF)
Croplands in Riverside County	GPS Coordinates of Destination Longitude
Croplands in Riverside County Croplands in San Bernardino County	GPS Coordinates of Destination Longitude
	CDS Coordinator of Dartination 1
Croplands in San Bernardino County  Croplands in other Counties	GPS Coordinates of Destination Longitude
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards	GPS Coordinates of Destination Longitude
Croplands in San Bernardino County  Croplands in other Counties	Destination Receiver of Manure: Same  940 + 641 5
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Destination Receiver of Manure: Same  940 + 641 5
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 / 641 S  Approximate Acreage (If Destination is Cropland)
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 700 5
Croplands in San Bernardino County Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 + 611 5  Approximate Acreage (If Destination is Cropland)
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  240  CERTIFICATION:	Destination Receiver of Manure: Same  Manure Quantity Delivered: 240 Tons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attections.	Destination Receiver of Manure: Same  Manure Quantity Delivered: 240 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible and belief, true, accurate, and complete. I am aware that there	Destination Receiver of Manure: Same  Manure Quantity Delivered: 240 tons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  thments were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge are significant penalties for submitting false information, including the possibility of fine
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible and belief, true, accurate, and complete. I am aware that there and imprisonment for knowing violations.	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge are significant penalties for submitting false information, including the possibility of fine
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible and belief, true, accurate, and complete. I am aware that there and imprisonment for knowing violations.  Operator's Signature	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge are significant penalties for submitting false information, including the possibility of fine
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel properly gather a who manage the system, or those persons directly responsible and belief, true, accurate, and complete. I am aware that there and imprisonment for knowing violations.  Operator's Signature	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 fons  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  Crop(s) Grown on Cropland  himents were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge are significant penalties for submitting false information, including the possibility of fine
Croplands in San Bernardino County  Croplands in other Counties  Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)  CERTIFICATION:  I certify under penalty of law that this document and all attact designed to assure that qualified personnel property gather a who manage the system, or those persons directly responsible and belief, true, accurate, and complete. I am aware that there and imprisonment for knowing violations.	Destination Receiver of Manure: Same  Manure Quantity Delivered: 940 font  Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland  thments were prepared under my direction or supervision in accordance with a system and evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge

The Regional Board may ask for a copy of manure nutrient analysis.
2. GPS coordinates shall be provided for all destinations within the Santa Ana Region.

Attachment B - Monitoring and Reporting Program

B-16

	Manure Tracking Manifest  al Weter Quality Centro! Beard Santa and Seglen
Order No. R8	2013-0001, NPDES No. CAG018001
The state of the s	destination. A hauting event may tast for several days, as long as the manure is being for each destination.
CAFO Operator's Name Amos DeGroot	
CAFO Facility Name SD FOrm S	# 2
Facility Address	
Mailing Address EX. 6 Per	sonal Privacy (PP)
Telephone Number	
MANURE INFORMATION	The second of th
Manure analyzed for nutrients	Yes No O
Most current nutrient analysis of manure provided to the reciple	ent of the manure Yes No No
MANURE HAULER INFORMATION Name and Address of Hauling Company	
Name and Address of Frading Company	Ex. 6 Personal Privacy (PP)
Contact Person Name: MANURE DESTINATION INFORMATION	LA. O I GISOIIAI I IIVACY (I I )
Hauled to (please check):	Dates Hauled: 6-30-14 - 7-10-14
Composting Facility	4 - 4
Regional Treatment Facility	Destination of Hauti Vira montes Express
Croplands in Riverside County Croplands in San Bernardino County	GPS Coordinates of Destination <sup>2</sup> Longitud  Ex. 6 Personal Privacy (PP)
Croplands in other Counties	Destination Receiver of Manure: 59me
Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Manure Quantity Delivered: 2,904 + ons
apprepriate units)	Approximate Acreage (If Destination is Cropland)
7073	Crop(s) Grown on Cropland
CERTIFICATION:	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of time and imprisonment for knowing virgidians.	
Operator's Signature III	Date: 7-23-14  Oate: 7-15-14
tauler's Signature: Juge Gran	Oate: 7-15-14

Region	Manure Tracking Manifest  New York Gustin Control Board  Seria Ant Region  2013-0001, NPDES No. CAG018601
INSTOLATIONS.	THE PROPERTY OF THE PROPERTY O
1. Complete one manifest for each hauling event and for each	destination. A hauting event may last for several days, as long as the manure is being
hauted to the same destination.	
If there are multiple destinations, complete a separate form     The CAFO eperator must obtain the eignature of the hauter	udon completion di each manyre neuting event.
4. The CAFO operator shall submit manure tracking manifest(s	s) with the Annual Report to Regional Board.
OPERATOR'S INFORMATION	
CAFO Operator's Name Amos L	
CAFO Facility Name 50 h	arms I
Facility Address	
Malling Address Ex. 6 Po	ersonal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
Manure analyzed for nutrients	Yes No 🗌
Most current nutrient analysis of manure provided to the reciple	nt of the manure Yes No
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	Ex. 6 Personal Privacy (PP)
	LX. O I GISOIIAI I IIVACY (I I )
Centact Person Name: MANURE DESTINATION INFORMATION	
MANURE DESTRUCTION INFORMATION	Dates Hauled:
Hauled to (please check):	10-18-14
Composting Facility	
Regional Treatment Facility	Destination of Haul: Cleveland Farms
	1 attenda
Croplands in Riverside County	GPS Coordinates of Destination <sup>2</sup> Longitude: Ex. 6 Personal Privacy (PP)
Croplands in San Bernardino County	Longitude.
Croplands in other Countles	Destination Receiver of Menure: 54me
	6211 4.00
Amount removed: Tons or Cubic Yards	Manure Quantity Delivered: 624 tons
(Please enter the amount in the box below and circle the	
appropriete units)	Approximate Acreage (If Destination is Cropland)
624	
the entities additionable before a the minimum and appropriate before a	Crop(s) Grown on Cropland
CERTIFICATION:	
I certify under penalty of law that this document and all attach	ments were prepared under my direction or supervision in accordance with a system
designed to assure that qualified personnel properly dether an	d evaluate the information submitted. Based on my inquiry of the person or persons for gathering the information, the information submitted is, to the best of my knowledge
and belief, true, acquirete, and complete. I am aware that there	are significant penalties for submitting false information, including the possibility of fine
and imprisonment for knowing violations.	
DA MILLION	
Operator's Signature:	Date: 11-22-14
$A_3$	11-22-14
Hauler's Signature:	Date:
	· ·

· · · · · · · · · · · · · · · · · · ·	Manure Tracking Manifest
Form 4.	Regional Water Susite Control Board
*	Order No. R8-2013-0001, NPDES No. CAG018001
INSTRUCTIONS:	
1. Complete one menifest for each hauling	event and for each destination. A hauting event may last for several days, as long as the manure is being
hauled to the same destination.  2. If there are multiple destinations, compt	ète a seperate form for each destination.
2 The CAEO engretor mine obtain the sid	nature of the neuler upon completion of each manufe neuling event.
4. The CAFO operator shall submit manur	e tracking manifest(s) with the Annual Report to Regional Board.
OPERATOR'S INFORMATION	
CAFO Operator's Name	nos degroot
CAFO Facility Name 5 D	Farms of
Facility Address	
Mailing Address EX	a. 6 Personal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
A A course construent for an definite	Yes No No
Manure analyzed for nutrients	an annual segment of the contraction of the contrac
Most current nutrient analysis of manure pr	avided to the recipient of the manure! Yes No
MANURE HAULER INFORMATION	Page 1987 File Account of the Annual Confession Confess
Name and Address of Hauling Company	Ev. 6 Darcanal Privacy (DD)
	Ex. 6 Personal Privacy (PP)
Contact Person Name: MANURE DESTINATION INFORMAT	ION
MANOUT DEGLEAU ION HAL ONNING	Dates Haulad's
Hauled to (please check):	10-14-14-10-17-14
Composting Facility	A .
Regional Treatment Facility	Destination of Haul David Li Farms
	Latitate
Croplands in Riverside County	GPS Coordinates of Destination <sup>2</sup> Ex. 6 Personal Privacy (PP)
Croplands in San Bernardino Coun	ty Longitud
Croplands in other Countles	Destination Receiver of Manure: Same
- And the same and	
Amount removed: Tons or Cubic Yard	Manure Quantity Delivered: 800 Ton S
(Please enter the amount in the box below	and circle the
appropriate units)	Approximate Acreage (If Destination is Cropland)
800 +ons	Transacquate appropriate and transaction to the state of
10113	Crop(s) Grown on Cropland
AND THE PART HAVE AND ADDRESS OF THE PART HAVE ADDRESS OF THE PART HAVE AND ADDRESS OF THE PART HAVE	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
CERTIFICATION:	
I certify under penalty of law that this docu-	ument and all attachments were prepared under my direction or supervision in accordance with a system
designed to assure that qualified personne	property gether and evaluate the information submitted. Beend on my inquiry of the person or persons
wno managa the system, or those persons and ballef, true, acquirite, and complete. I	directly responsible for gettleding the information, the information submitted is, to the best of my knowledge am aware that there are significant penalties for submitting false information, including the possibility of fine
and imprisonment for knowing violetions.	and a significant periodices has austriturily large information, including the possibility of line
O/m	( San
Operator's Signature:	Dete: 12-1-14
	1/5
Hauler's Signature:	Pranco Date: 11-22-14
~ /	

Form 4.	Manure Tracking Manifest  onel Water Guelly Control Board  Selfit and Region
Order No. F	8-2013-0001, NPDES No. CAGG18801
INSTRUCTIONS:  1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.  2. If there are multiple destinations, complete a separate form for each destination.  3. The CAFO eperator must obtain the signature of the hauler upon completion of each manure hauling event.  4. The CAFO eperator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.  OPERATOR'S INFORMATION	
CAFO Operator's Name Amos Dec	irot
CAFO Facility Name SD Farms	<u> </u>
Facility Address	
Mailing Address Ex. 6	Personal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
Manure analyzed for putrients	Yes No [
Most current nutrient analysis of manure provided to the rec	iplant of the manure <sup>1</sup> Yes No.
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	
	Ex. 6 Personal Privacy (PP)
Contact Person Mame: MANURE DESTINATION INFORMATION	
	Dates Hauled: 11 S 111
Hauled to (please check):	Deleg Lighted: 11-8-14
Composting Facility	Destination of Haul: Clevel and Farms
Regional Treatment Facility	Latitude:
Croplands in Riverside County  Croplands in San Bernardino County	GPS Coordinates of Destination <sup>2</sup> Longitude: Ex. 6 Personal Privacy (PP)
Limit	Destination Receiver of Manure: Same
Croplands in other Counties	
Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the	Manure Quantity Delivered: 1,728 7005
appropriate units)	Approximate Acreage (If Destination is Cropland)
1728 tons	The contract of the contract o
1,100	Crop(s) Grown on Cropland
CERTIFICATION:	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate; and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge violations.  Operator's Signature:  Date:  Date:	
Hauter's Signature: Type Granco Date: 1/-22-14	

Form 4.	Manure Trapiding Manifest Bloom Water Guelly Control Board Salta in Ballon RS-2013-000-1 NPDER No. CACO18001
Order No. R8-2013-0061, NPDES No. CAG018001  INSTRUCTIONS:  1. Complete one manifest for each hauling event and for each destination. A hauling event may last for several days, as long as the manure is being hauled to the same destination.  2. If there are multiple destinations, complete a separate form for each destination.  3. The CAFO speciator must obtain the signature of the hauler upon completion of each manure hauling event.  4. The CAFO speciator shall submit manure tracking manifest(s) with the Annual Report to Regional Board.  OPERATOR'S INFORMATION	
CAFO Operator's Name Amos De Groot	t
CAFO Facility Name	
Facility Address	Developed Drive ev (DD)
Mailing Address	Personal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
Manure analyzed for nutrients	Yes 🖸 Yo 🗍
Most current nutrient analysis of manure provided to the re	adiplent of the manure! Yes No.
MANURE HAULER INFORMATION	137 bad 177 bad
Name and Address of Hauling Company	Ex. 6 Personal Privacy (PP)
Contact Person Name:	
MANURE DESTINATION INFORMATION	Pates Hauled: // A.Z. // / / / / / / / / / / / / / / / / /
Hauled to (please check):	11-17-14
Composting Facility Regional Treatment Facility Croptends in Riverside County	Destination of Haut: Borba Farming  Latitude: Ex. 6 Personal Privacy (PP)
Croplands in San Bernardino County	GPS Coordinates of Destination <sup>2</sup> Longitude
Croplands in other Counties	Destination Receiver of Manure: 59me
Amount removed: Tons or Cubic Yards (Please enter the amount in the box below and circle the appropriate units)	Manure Quantity Delivered: 328 7005
328 tons	Approximate Acreage (If Destination is Cropland)  Crop(s) Grown on Cropland
CERTIFICATION:	
I certify under panalty of law that this document and all attechments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of line and imprisonment for knowing violations.	
Operator's Signature: Dete: 12-1-14	
Hauler's Signature: Auge Franco Date: 11-22-14	

	Mamme Trapiding Merellast  Least Welse Suith Control Beard  Santa Anni Sallos  18-2013-0001, NPDES No. CAG018001
INSTRUCTIONS:	ich destination. A hauling ävent may best for several days, as long se the manure is being
The CAFO sperator must obtain the signature of the neu     The CAFO sperator shall submit menure tracking manife     OPERATOR'S NIFORMATION	isrupoh compistion of each manure hauting event.
CAFO Operator's Name Amos De Groot	
CAFO Facility Name SD Farms 1	
Facility Address	
Mailing Address Ex. 6 F	Personal Privacy (PP)
Telephone Number	
MANURE INFORMATION	
Manure analyzed for nutrients	Yes No 🗌
Most current nutrient analysis of manure provided to the rec	iplent of the manure! Yes No
MANURE HAULER INFORMATION	
Name and Address of Hauling Company	Ev. 6 Personal Privacy (PD)
Contact Parson Name;	Ex. 6 Personal Privacy (PP)
MANURE DESTRUCTION INFORMATION	
Havied to (please chack):	Dates Hauled: 11-12-14 11-19-14
Composting Facility	
Regional Treatment Facility	Destination of Haut: Viramontes Exgress
Croplands in Riverside County	CPS Coordinates of Davidsetton® Ex. 6 Personal Privacy (PP)
Croplands in San Bernardino County	GPS Coordinates of Destination Longitude
Croplands in other Counties	Destination Receiver of Manure: 59mc
Amount removed: Tone or Cubic Yards (Please enter the amount in the box below and circle the	Manure Quantity Delivered: 1,648 Ton5
appropriate unita)	Approximate Acreage (If Destination is Croptand)
1648 Tons	
Affirm Assumed /	Crop(s) Grown on Cropland
CERTIFICATION:	
designed to easure that qualified personnel preparty gether who menege the system, or those persons directly responsi	eachments were prepared under my diffection or supervision in accordance with a system or and evaluate the information submitted. Beend on my inquity of the perent or persone like for gappering the information, the information submitted is to the pest of my knowledge are as significant penalties for submitting false information, including the possibility of fine
Operator's Signature:	Data: 12-1-14
Hauler's Signature: Juga Journal	20 Oats: 11-22-14

### Form 2. Summary Report of Weekly Storm Water Management Structure Inspections (Order No. R8-2013-0001, NPDES No. CAG018001)

Reporting Period: January 1, 2014 through December 31, 2014 Facility Information (Please make corrections directly on this form) Amos DeGroot Operator's Name SD Farms II **Facility Name** Ex. 6 Personal Privacy (PP) **Facility Address** If No, please explain why the log sheet was not completed for the entire year. Were water lines inspected daily? Yes Were there any discharges from the facility during the year? Yes If Yes, please provide: the date of discharge, how it was discovered (was it during a routine site inspection?), how long did the discharge last, and how it was stopped. Date of incident How was it discovered? How long did it last and volume How was it stopped? Certification: I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name of person making this report (please print): Signature: